

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on January 30, 2009  
Date

/George N. Chaclas/

Signature

George N. Chaclas

Typed or printed name of person signing Certificate

46,608

Registration Number, if applicable

(401) 276-6653

Telephone Number

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)

Fee Transmittal (1 page)

Information Disclosure Statement Letter (2 pages)

Information Disclosure Statement (Fillable PDF) (4 pages)

1 Foreign Reference

Charge \$180.00 to deposit account 04-1105

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>                               |  | Application Number       | 10/803,329-Conf. #5580 |
|   |  | Filing Date              | March 18, 2004         |
|   |  | First Named Inventor     | Anna N. Yaroslavsky    |
|   |  | Examiner Name            | J. M. Kish             |
|   |  | Art Unit                 | 3737                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                         |  | Attorney Docket No.      | 62045(51588)           |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | (\$)                     | 180.00                 |

**METHOD OF PAYMENT (check all that apply)**

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number 04-1105   
 Deposit Account Name Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 330          | 165      | 540          | 270      | 220              | 110      |                |
| Design           | 220          | 110      | 100          | 50       | 140              | 70       |                |
| Plant            | 220          | 110      | 330          | 165      | 170              | 85       |                |
| Reissue          | 330          | 165      | 540          | 270      | 650              | 325      |                |
| Provisional      | 220          | 110      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                    |
| Each independent claim over 3 (including Reissues) | 220      | 110                   |
| Multiple dependent claims                          | 390      | 195                   |

|  |   |  |
|--|---|--|
| <b>Total Claims</b><br>_____<br>- or HP = _____<br>HP = highest number of total claims paid for, if greater than 20.       | <b>Extra Claims</b><br>_____<br>- or HP = _____<br>HP = highest number of independent claims paid for, if greater than 3. | <b>Fee (\$)</b><br>_____<br>= _____<br><b>Fee Paid (\$)</b><br>_____ |
| <b>Indep. Claims</b><br>_____<br>- or HP = _____<br>HP = highest number of independent claims paid for, if greater than 3. | <b>Extra Claims</b><br>_____<br>- or HP = _____<br>HP = highest number of independent claims paid for, if greater than 3. | <b>Fee (\$)</b><br>_____<br>= _____<br><b>Fee Paid (\$)</b><br>_____ |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| - 100 = _____ | /50 = _____  | (round up to a whole number) x _____             | = _____  |               |

**4. OTHER FEE(S)**

| Non-English Specification, \$130 fee (no small entity discount)                             | Fee Paid (\$) |
|---|---------------|
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | 180.00        |

|                     |                     |                                   |                  |
|---------------------|---------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                     |                                   |                  |
| Signature           | /George N. Chaclos/ | Registration No. (Attorney/Agent) | 46,608           |
| Name (Print/Type)   | George N. Chaclos   | Telephone                         | (401) 276-6653   |
|                     |                     | Date                              | January 30, 2009 |